

# Montgomery County Department of Permitting Services 255 Rockville Pike, 2<sup>nd</sup> Floor Rockville, MD 20850-4166



Phone: 311 in Montgomery County or (240)777-0311 Fax: (240)777-6262

http://www.montgomerycountymd.gov/permittingservices

## **Application for Non-Conforming Use**

A. Location of Non-Conforming Use:			
Street Number: Street Name:			
Town/City:	Zip Code:		
Nearest Cross Street:	Lot: Block:		
Parcel:Election District:			
Maryland Real Property Tax Account Number:			
D. Ouwar/Tanant Information.			
B. Owner/Tenant Information:			
Name of Property Owner/ Contract Purchaser/Tenant:			
Address:			
Town/City:	Zip Code:		
Phone #:Email:			
USE INFORMATION:			
Type of Use (be specific):			
Previous Use (if applicable):			
Date Use Began:			
Date(s) of Construction:			
Property Description: Lot Size:	Dimensions:		
Improvements (Describe All):			
Present/Former Trade Names of Commercial Use:			



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### C. The following information must be submitted at the time of application:

- 1. Name and Addresses of adjoining and confronting property owners; (identify location of each property owner on the location map.
- 2. Location map with site identified.
- 3. Site plan to scale showing the location of all structures and parking
- 4. Current Photographs of the property including all structures.
- 5. Evidence sufficient to establish that the use was lawful when established and continues to be lawful, even thought it no longer conforms to the requirements of the zone in which it is located because of zoning ordinance or zoning map changes.
- 6. Evidence sufficient to show continuous use since initial establishment of the lawful use.

### D. Affidavit for Non-Conforming Use:

I hereby declare and affirm, under the penalty of perjury, that:

- 1. I have read and understand Chapter 59, of the Montgomery County Code concerning non-conforming uses and related policies.
- 2. I understand the conditions and requirements applicable to non-conforming uses.

3. I agree to abide by all the rules and	procedures set forth in thes	se documents.	
Applicant's Signature	Date	Print Name	
FOR OFFICE USE O	NLY DO NOT WRITE BE	LOW THIS LINE	
Application Reviewed for Completeness by	<i>y</i> :	Date:	
Present Zoning Classification			
Non-Conforming Use: Approved	Disapproved		
Reason for Disapproval:			
Reviewing Investigator:	Date:		
Zoning Supervisor:	Dat	e:	